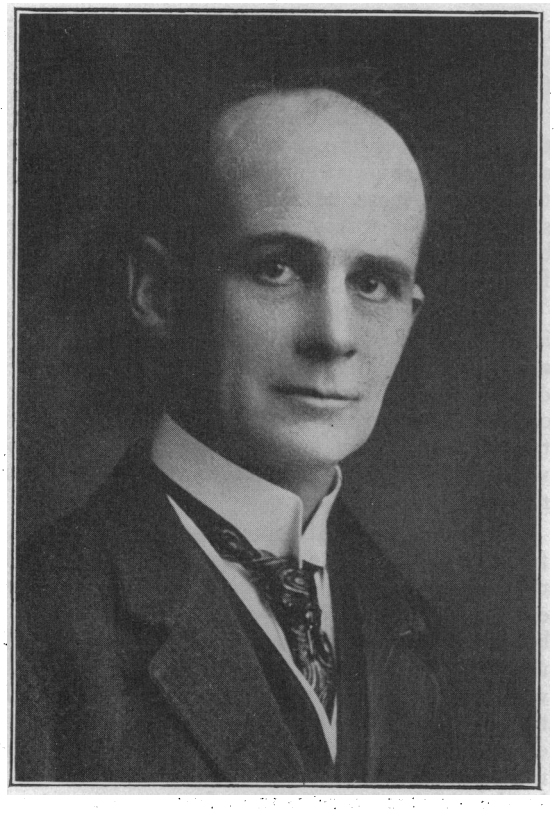

GEORGE L. PAINTER, M. D.

On July 22, 1916, Dr. George L. Painter, one of the best known men in our Society, was killed whilst participating in the Preparedness Parade in San Francisco.

Dr. Painter was born in Richmond, Virginia, July 10, 1871, and received his degree from the University of California in 1896. He leaves a widow and daughter.

Dr. Painter was a member of the old First Regiment of California Volunteers. He had answered the call of his country, and in his quiet and unassuming way had entered the Army of the Philippines as an hospital steward, though he was a qualified physician. He fulfilled his duties silently, without bombast and with thoroughness. He sickened under the strain of the work, and this very sickness brought him to the attention of his superior officers, who then realized, from personal contact, what kind of a man he was, and straightway recommended him for a commission in the Volunteer Service.

At the time of the fire of 1906, Dr. Painter was one of those who for over seven months devoted his entire energies to the work of relief, and during those trying days he acted as Camp Commander of one of the largest relief camps in the city. Thousands of people here learned to appreciate and love him.

His gentle manner, his positive integrity, and his unceasing efforts to oblige, won the friendship and strong liking of all who met him.

Dr. Painter's position in radiology was so well known to the profession as to require no comment. His unusual modesty alone prevented his frequent appearance before our Society. At the time of his death he was the President of the Pacific Coast Roentgen Ray Society.

His profession, his family and his garden filled his life. Silently and unassumingly he did his work, and "his highly trained austerity was such that self-denial never cost him much."

ORIGINAL ARTICLES

THE VALUE OF FUCHSIN IN UROLOGY.*

By VICTOR G. VECKI, M. D., San Francisco.

It is an acknowledged fact that gonorrhea, when giving any subjective or objective symptoms, has ceased to be a surface inflammation and de facto is an infection of the submucous tissues.

It is also an indisputable fact that the great majority of gonorrheal infections become chronic and that urology so far must confess its helplessness in the treatment of some sequelae of this greatly despised and, notwithstanding our advanced knowledge, still greatly underrated disease.

The demand for a chemical germicide possessing the power to penetrate the tissues and destroy the gonococci entrenched beneath the surface of the mucous membrane, without at the same time injuring the mucosa itself, was before us the many years, since in the early seventies of the last century Sigmund devised the urethral syringe and started the local treatment of the gonorrheal infection.

Since then almost everything therapeutically imaginable was tried in the urethras of the many millions of unfortunate victims. Remedies came and went, reputations were made and lost, and fortunes were amassed by manufacturers only, of course,—but the ideal germicide is still being sought for.

While I am not ready to assert that fuchsin is this ideal in every respect, my experience has taught me that it will do more and better in the urethra and in the bladder than any other remedy I know.

Fuchsin (fuchsine) or magenta anilin red is a coal-tar product, appearing in the form of dark green crystals, but deep-red in solution.

When Dr. Stabel of Redding, in 1914, reported to me the excellent results obtained with a fuchsin solution in a case of tuberculosis of the bladder I cystoscoped for him previously, it occurred to me at once that most germs are fuchsinophil, and that fuchsin therefore must have great possibilities. At first I tried it cautiously in various mild and chronic ailments; gradually the use was extended to tedious, painful and acute inflammatory conditions. Results were invariably good, the reactions mild, the pain inflicted upon the patients hardly noticeable, never protracted, always negligable; a second application never dreaded. Gonococci, colli bacilli and other pathogenic germs disappear rapidly from the urethra and bladder, consequently most discharges cease after a few applications: of course, organic changes commonly found in the

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urethra and bladder must be treated by the usual methods.

Special care must be taken in the preparing of the solutions. Undissolved particles of fuchsin cause very disagreeable symptoms in the urethra and more so in the bladder. Only the best brands of medicinal fuchsin should be used. Isorubin, also called new-fuchsin (neu-fuchsin), being easily dissolved in water and free from arsenic is probably the best of all preparations.

At my office three kinds of solutions are always on hand. For the 1% solution 10 grammes of fuchsin are placed into a mortar and crushed, then 20 grammes of absolute alcohol are added, the mass carefully stirred, and after 15 minutes 980 grammes of distilled water added to the solution. The half, and the quarter per cent. solutions are prepared in the same way with proportionately smaller quantities of fuchsin and alcohol. As an excess of precaution all solutions are filtered immediately before being used, and it is hardly necessary to emphasize that everything must be done under strictly aseptic conditions.

When using fuchsin good care must be taken to do it just right; otherwise the operator, the patient and the whole office will present a sorry sight. When I began to use it there was some mutiny amongst the office help, and at times I felt discouraged. At present it occurs only rarely that a drop is spilled, though as a precaution the wall opposite to the side on which the patient stands is protected by white oilcloth from which eventual fuchsin-stains can readily be removed.

Many years of experience have taught me that no local treatment in the urethra or bladder should be given unless the patient had his intestinal tract thoroughly cleaned out. The patient, before being given a fuchsin treatment, therefore, is instructed to take a sufficient dose of any good saline laxative. Whenever the prostate and the seminal vesicles are involved they must be mildly but thoroughly massaged, then the patient is ordered to empty his bladder, the urethra is irrigated with warm sterile water, and then a two-ounce, all glass syringe is filled with the fuchsin solution of desired strength, a soft rubber olive-shaped tip attached to it, and the contents injected into the patient's bladder.

It is best to grasp the glans penis immediately below the sulcus glandis with the left hand and press the tip of the syringe with the right hand into the meatus. Both hands acting together, the meatus is tightly occluded, and the contents can easily be injected. Whoever has any experience with the Janet syringe will easily avoid undue force and subsequent unnecessary pain and eventual injury to the urethra.

The effect of the intravesical injection of fuchsin is increased when the bladder is emptied at once, which is always possible, though most patients at first claim it cannot be done.

The patient's clothes must be protected during the whole procedure, a cotton pad wrapped loosely around the penis after the bladder is voided, and the patient must be told that his urine will be stained red for at least 12 hours after the treatment, because some impressionable persons become easily frightened, thinking they are passing blood.

In acute gonorrhea my experience with fuchsin is rather limited. Unfortunately acute gonorrhea appears at the urologist's office comparatively seldom. Most people still think that any one is capable of giving advice for such an insignificant trouble, and expert help is sought, as a rule only, when disagreeable and stubborn complications teach the bitter lesson.

In the few cases of acute gonorrhea treated with fuchsin the results were most remarkable. After the presence of the gonococcus was microscopically established the patient was ordered to void his bladder, the meatus cleaned, a half-ounce all-glass urethral syringe armed with a rubber tip filled with sterile, warm water, the urethra flushed; then the syringe filled with a quarter per cent. solution of fuchsin, and this solution injected into the urethra. It is not necessary to retain the solution in the urethra more than a few seconds; it sticks to the mucous membrane all right.

That fuchsin really penetrates into the deeper layers of the mucous membrane can easily be ascertained in chronic cases permitting an urethro- or cystoscopic examination. There is also no doubt in my mind, that whenever an intravesical injection with a hand-syringe is made the prostatic gland previously being thoroughly emptied by proper massaging, the fuchsin solution finds its way into the ejaculatory ducts and probably beyond them. So late as 48 hours after such a treatment the massaging of the prostatic gland will yield a fuchsin-stained secretion, and patients have repeatedly reported uniformly fuchsin-stained nocturnal seminal losses.

In acute urethritis the fuchsin injections should be made every three days once, gradually increasing the strength of the solution used. On the intervening days the urethra should be irrigated with warm solutions of quinine, or some other mild antiseptic solution. Discharges remaining after the pathogenic germs have disappeared yield very easily to astringent but mild injections.

In chronic inflammations of the posterior urethra, in chronic prostatitis, and the various forms of cystitis, the fuchsin treatments are best given once a week or once in ten days, and never before all traces of the previous application have disappeared.

The patient should not be discharged as cured until frequently repeated examinations have shown absence of pus and bacteria, and until all subjective symptoms have disappeared. It is advisable to instruct the patients to present themselves once a month for examination three or four times in succession, even after a cure seems to be perfect.

I shall report in the near future on the behavior of fuchsin in the kidney pelvis.